

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		LONG BEACH, CA Date Stamp	California Form 803 For Official Use Only
Richardson, Rex Agency Name		17 JAN 27 PM 3: 28	
City of Long Beach Agency Street Address			
333 W. Ocean Blvd., 14th Floor, Long Beach, CA 90802 Designated Contact Person (Name and title, if different)			
Shawna Stevens, Chief of Staff		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
562-570-6137	shawna.stevens@longbeach.gov		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Fusionstorm  
Name

124 Grove St., Suite 3116 Franklin MA 02038  
Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Long Beach Education Foundation  
Name

1515 Hughes Way Long Beach CA 90810  
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/13/2016 Amount of Payment: (In-Kind FMV) \$ 5,000  
(month, day, year) (Round to whole dollars.)

Payment Type:  Monetary Donation or  In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: \_\_\_\_\_

Purpose: (Check one and provide description below.)  Legislative  Governmental  Charitable

Describe the legislative, governmental, charitable purpose, or event: Donation to the LB Education Foundation, a 501(c)(3) organization, for student programming and to support Village Fest ,a free family festival, on 10/1/2016.

5. Amendment Description and/or Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 1-27-17 DATE

By [Redacted Signature] MEMBER